IRIDECTOMY IN CHRONIC IRITIS.

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ONE of the earliest cases in private practice, seen by me, was that of a gentleman who had long been a victim to chronic, or perhaps more properly recurrent iritis. Aged about forty, in excellent health, of ample means, and with artistic tastes, he found himself condemned to a life of inactivity on account of his liability to iritis, of which disease he had had seven attacks in one eye and eight in the other. Always most judiciously treated by his attending physician, he now placed himself in my hands, in the hope that one—fresh from his foreign studies—might be in possession of some new remedy or preventive, applicable to his case. The possible propriety of an iridectomy, then a comparatively new operation in cases of chronic iritis with closed pupil, and in glaucoma, naturally suggested itself. Being reluctant, with my limited experience, to shoulder the responsibility of surgical interference in such a case, I corresponded with von Graefe, and had made arrangements to send the patient out to him for consultation and possible operation. This plan, however, was never carried out, and I subsequently lost sight of the case.

Von Graefe, as is well known, proposed iridectomy at first only in cases of total synechia, and of closed pupil. The sphere of the operation was subsequently widened by his disciples, some of whom extended it to chronic iritis where the synechiæ were simply manifold. They claimed, *first*, that the hemorrhage incident to the operation would lessen hyperemia; and, *secondly*, that an artificially widened pupil would have less play, and consequently be less pulled upon at its points of adhesion. I quote from a monograph on iritis, published in 1862.[1]

[1] Beiträge zur Lehre von der Iritis, von C. J. von Wollowicz, München, 1862.

And as recently as 1878 de Wecker advises that a considerable portion of the pupillary edge should be freed, by performing a large iridectomy upwards, in cases where a rational treatment, exactly followed, has failed to guarantee the eye from renewed attacks; and where the several relapses have entailed numerous synechiæ.[1]

Cases of recurrent iritis are familiar to us all. The patients are many of them young, with the world before them; handicapped, as they enter upon the race of life, with a painful and dangerous disease that may befall them at any moment, and is certain for several weeks to interrupt all their pursuits. Treatment is simple and efficacious, where it may be had. But the question is, as to whether prevention is possible. Does iridectomy cure or ward off the disease? Instances of its performance in these circumstances are so rare, and the subject is of such importance, that I do not hesitate to present to the Society the notes of even a single case related, if not actually belonging to this family, carefully followed for the past four years, and furnishing an instructive commentary on the question just raised.

November 13, 1880, there came to consult me, Miss D., about sixty years of age, and in perfect health. She had never experienced the slightest touch of rheumatism, and at the time of, as well as for some time preceding her visit to me, had been as well as usual. She now complained of a "cold" in the left eye, which she said had lasted three weeks, unattended by pain and characterized mainly by redness and slight dimness of vision. I found much ciliary injection and numerous posterior synechiæ in this eye. No treatment of any kind had been resorted to. Under atropine, a shade, and rest of the eyes the synechiæ were broken up, the redness wholly disappeared, and the eye was as well as ever in five days.

But, November 18th, a similar attack came on in the other eye. Under like treatment it had disappeared by the 24th. On the 29th of the same month, the first eye again inflamed.

[1] Therapeutique Oculaire, p. 258.

A course of salicylic acid was now commenced, and the rupture of the fresh synechiæ left some pigment deposits on the anterior capsule. By December 8th she had had a slight relapse in the right eye, and a severe attack, immediately after, in the left. Iodide of potash was commenced, the local treatment remaining as before, and proving as successful. On the 11th there was much improvement, the redness having gone. A careful ophthalmoscopic examination was made, and each fundus found absolutely normal, the left vitreous being perhaps slightly hazy. A preparation of iron was ordered, to alternate with the iodide of potash. December 16th there was a relapse in the right, and December 20th in the left. December 24th in the right again, and December 26th and 31st again in the left.

To make a long story short, she had, between January 1st and June 3d, 1881, nineteen attacks in the right eye and fourteen in the left. They would last from one or two days to a week each, be attended by comparatively slight pain or lachrymation, but were always characterized by a tendency to the formation of numerous synechiæ, readily yielding to a mydriatic. These attacks ordinarily alternated, though sometimes three or four would occur in the same eye, in rapid succession. For their treatment the various mydriatics were at different times employed; tonics, alteratives and mercurials given alternately, and on one or two occasions a course of pilocarpin injections was gone through with. Nothing whatever made the slightest difference in the character or frequency of the attacks, which yielded more or less readily to mydriatics, and manifested a tendency to return as the effect of the mydriatic began to pass away. During this time I more than once had the advantage of consultation with Dr. Hay. In spite of the depressing moral effect of the continued disease, and the large amount of medicine used, the general health continued remarkably good. A change of air was several times insisted on, the patient once removing from her home and passing several weeks at the Carney Hospital on high ground; and once going to Newport for a fortnight. The attacks occurred in each of these places with the same regularity. The

eyes themselves held their own wonderfully, a few small permanent synechiæ forming in each, and some pigment being deposited on each anterior capsule, but vision remained six-tenths in each.

June 3, 1881, I ordered atropine to be applied daily through the month. This was kept up till July 6th, each eye the while remaining absolutely free from inflammation. Eight days after the atropine was discontinued a severe attack came on in the right eye. It was now resolved to keep each pupil dilated for a considerable length of time, in the hope of breaking up the tendency to inflammation. Atropine was accordingly ordered, three times a week, in each eye, the patient following me to Mt. Desert, both for the change of air, and that her case might remain under observation during my absence from the city. For two months this plan was carried out, the eyes remaining perfectly free from redness, except on one or two occasions when the atropine was accidentally omitted.

The treatment was discontinued September 9th, almost constant mydriasis having now been maintained for fourteen weeks. Six days later a severe attack occurred in the left eye, causing numerous adhesions and the formation of a membrane in the pupil. These all disappeared under treatment. Up to October 10th, Miss D. remained comparatively well, slight "flurries" of redness occurring from time to time, lasting but a few hours, and then passing away spontaneously. She now, at my request, went to New York to consult Dr. Knapp with reference to the propriety of an iridectomy. He was of opinion that this operation would do harm by setting up a fresh irritation, and advised that some time be now passed in the dark, the bowels and skin being both kept in an active condition, and atropia used locally. This was followed out to the letter, gentle cathartics being used, hot drinks given, and a warm bath administered every night before retiring, the whole being kept up six weeks. During this time she had six attacks.

Early in December she recommenced the regular use of atropine, rubbed up with vaseline to prevent irritation. No

stated attacks were from this time noted, the eyes occasionally reddening for a few hours at a time when the atropine had been omitted a little longer than usual. The health continued excellent, and the vision remained as at first, no falling off being perceptible. February 14, 1882, I discovered a slight but distinct excavation, peripheric and partial, of the left optic entrance. There was neither arterial pulse, increased tension, or limitation of the field. Atropine was in consequence no longer employed regularly, but reserved for emergencies. The attacks continued as before, one March 8th in the left eye proving unusually obstinate, and leaving several synechiæ, both above and below, that resisted mydriatics. I lost sight of her now until May 3d, when she reäppeared, informing me that for several weeks she had been in New York and treated by Dr. Knapp. He wrote me that the attacks had continued, but been mild and transient. Eserine and homatropine had been alternately used, on account of the peculiar condition of the left eye. Tension continued nearly or quite normal, and the excavation did not increase. Under these circumstances he did not think an iridectomy indicated, and gave an encouraging prognosis as to the future of this case of recurrent iritis, as he clearly considered it.

Soon after Miss D., having now been under observation eighteen months, sailed for Europe, carrying from me a letter to Professor Horner in Zurich. He examined the case, agreed with Dr. Knapp and myself as to the treatment, as well as to the undesirability of an iridectomy, gave an encouraging prognosis, and dismissed the patient. Not long afterwards she found her supply of atropine exhausted, and being unable, in the place where she then was, to obtain a fresh solution without a prescription from a local surgeon, she consulted one. She had at the time no intention of having her eyes examined, as no change had occurred, the attacks remaining mild and transient, and vision not having fallen off perceptibly. But the gentleman she went to made an examination, informed her that she had glaucoma in the left eye, that blindness was mminent unless iridectomy was promptly performed, and pressed the operation. Surprised, and in fact overwhelmed

by this intelligence, she consented. Four days later glaucoma was diagnosed in the right eye, and an iridectomy done on that. Shortly afterwards a second operation was done on the left.

The left eye was operated on October 1st, the right October 4th, 1882. The subsequent history of the case, as given by the patient herself, is as follows. For three months the inflammations continued, exactly as before, in each eye, an attack coming on every week. After that they grew more infrequent, and were accompanied by less redness. Gradually all defined attacks ceased, though slight redness would from time to time occur. When I saw her, in February, 1884, there had been no treatment used for fourteen months. Each eye presented a free iridectomy, done upwards. The synechiæ remained as before. Vision was from one-tenth to two-tenths in each eye. Tension normal. Each vitreous slightly hazy, some large floating opacities in the left. Each nerve presented a wide-spread, shallow, physiological excavation.

The patient complained bitterly of intolerance of light, and of inability to accommodate herself to sudden changes of illumination; in short of all the usual disturbing effects of an iridectomy.

Here then we have a case of chronic recurrent iritis, extending over two years and persistent to an unusual degree. We are accidentally enabled to study the effect of an iridectomy on the progress of the disease, which at the time was evidently growing less severe. And while, on the one hand, we cannot but be astonished at the tolerance exhibited by such an iris toward such a serious operation; it must, on the other, be admitted that there was no immediate effect on the disease, and that in all probability the ultimate cessation of the symptoms was due to the fact that the malady had worn itself out, and was self-, rather than artificially, limited. In view of all the circumstances I am unable to persuade myself that the iridectomy did any good here, or would be justified in another similar case.

DISCUSSION.

DR. KNAPP.—Iridectomy in chronic iritis has been frequently made and often resulted badly. There is not the slightest doubt, that in many cases, iritis will relapse for years, but finally get well. I accidentally saw a young lady in this hotel who for five years had many attacks of iritis. She has now perfectly recovered. In some of these cases of recurrent iritis, iridectomy is performed, nevertheless the attacks continue for years. Iridectomy is a remedy, but not a sure one. From the experience which I have had I restrict it to those cases in which, besides the iritis and adhesions, there is a tendency to cyclitis and glaucoma. I think that under such conditions, iridectomy is indicated beyond dispute. As long as the iritis remains simple, with a limited number of adhesions, and a part of the pupil moves freely, I do not, as a rule, perform iridectomy.

I do think that iridectomy is a remedy which if it does not always prevent the attacks, mostly diminishes their frequency, and on the whole, has a good effect. A few years ago the same question came up at the Heidelberg congress, where some of the more experienced oculists took the ground that it favored an extension of the process, and they were much adverse to it. The decision whether or not iridectomy should be performed, depends greatly upon the course and the gravity of the disease.

THREE CASES OF RESTORATION OF THE EYELID BY TRANSPLANTATION OF A FLAP WITHOUT A PEDICLE.

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CASE I.—This patient was a man, aged thirty-two, with complete ectropium of the right upper lid, and entire destruction of the right lower lid and eyeball from a burn. The accident had occurred fourteen months before, hot molten metal having been dashed in his face from a ladle. The whole forehead, temple and cheek were a mass of cicatricial tissue, the lines of contraction running in almost every direction; and this rendered impossible any attempt at re-